

"M. Chevreuil has shown that there is a harmony and a system of laws in colours as well as in sounds; that there are false colours, as there are false notes, which shock sensitive persons; and that there are some colours which, like certain notes, cannot accompany each other without proving exceedingly offensive." It is unnecessary, then, to regard the incapacity to distinguish colours as the result of an alteration of the retina, or of the optic nerve, but as often being the effect of a predisposition, natural or acquired.

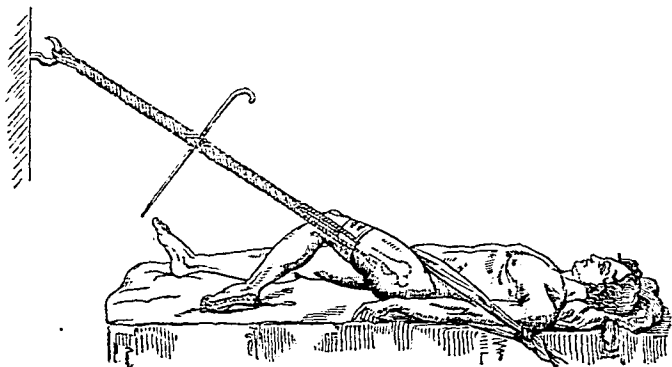
ART. VII. *Dislocation of large joints reduced by power derived from twisted rope.* Communicated by D. GILBERT, M. D., Professor of the Principles and Practice of Surgery in the Med. Dept. of Pennsylvania College, Philadelphia.

EVERY practitioner knows that the reduction of luxations of the large joints cannot easily be accomplished without the steady, equable and continued traction furnished by the careful and patient use of the pulleys. These mechanical appliances often cannot be obtained when needed, in the treatment of such accidents; and the power resorted to then, is that which may be furnished by awkward and unskilful assistants. Under such circumstances, the efforts at reduction are protracted, unsteady, and, in most instances, unsuccessful; great force is applied by sudden starts and irregular jerks, which, with bleeding, warm baths and sedative medicines, exhaust the vital energies of the patient, probably without reducing the luxation; and cases are not wanting in which serious additional injury has been inflicted upon the parts concerned, by such procedures.

The power furnished by *twisted rope* answers every indication, requiring extensive power, as perfectly as the pulleys, and is indeed preferable on account of its simplicity and availability in every possible situation, enabling the surgeon even to dispense with assistance, should that be necessary. The credit of first using this power in such cases, is due to my friend P. Fahnestock, M.D., of Pittsburgh, Pa. He was led to its trial by necessity, and the result was so satisfactory that he has resorted to it in every case which he has met with since.

The mode of application is as follows:—place the patient and adjust the extending and counter-extending bands as for the pulleys; then procure an ordinary "bed cord" or "wash line," tie the ends together, and again double it upon itself; then pass it through the extending tapes or towel, doubling the whole once more, and fasten the distal end, consisting of four loops of rope, to a window sill, door sill or staple, so that the ropes are drawn moderately tight; finally, pass a stick through the centre of the doubled rope, dividing the strands equally by it; then, by revolving the stick as an axis or double lever, the power is produced, precisely as it should be in such cases, viz:—slowly, steadily and continuously, which, with the aid furnished by the surgeon to the immediate seat of lesion, and to the system in general,

cannot fail to conduct the case to a happy issue. The following cut, taken from *Druitt's Surgery*, modified by substituting the twisted rope for the pulleys, illustrates the manner of applying this power.



ART. VIII.—*Removal of seventeen inches of the small Intestines—Recovery of the patient.* By A. BRIGHAM, M. D., Superintendent of New York State Lunatic Asylum, Utica.

DEAR SIR,—The following case is so remarkable, that I wish to make it known to the medical profession through your widely-circulated Journal.

Mrs. S. W., of Wyoming county, in this state, was admitted into this asylum as an insane patient, June 2d, 1843, aged 38. She was a married woman, and the mother of five children, the youngest of which was then two years old. She had been deranged about three years, though this was a second attack, as she had been insane for about one year in 1831-2. During her first attack, she stabbed herself in the abdomen with a dull knife, at two different times, but did not wound the intestines.

When she came to this asylum, her bodily health was good, though she was disposed to eat too much, and was subject to paroxysms of high maniacal excitement about once a month. At other times, and in fact most of the time, she was pleasant and disposed to laugh *long and loud*—not the laugh of the idiotic and demented, but very heartily, and in such a manner as to dispose others who saw her to join with her, though no one knew what gave rise to her apparent merriment. This was the only striking peculiarity of her case.

She remained without any material change through the year and until the next summer, when she began to lose flesh, ceased to laugh, and appeared melancholy, though her mind seemed somewhat improved. She now began to exhibit some tendency to injure herself, by striking her head against the wall and by choking herself. We were somewhat fearful of her committing

suicide, and she was placed in the upper story of the building where she could be carefully watched, and where usually there are no instruments with which patients can hurt themselves.

No material alteration in her case was noticed until October 24th, when about nine o'clock in the forenoon, she obtained a pair of large *scissors* that had been accidentally left in the hall, which she took to her room, and with which she made two wounds into her abdomen, one about an inch and a half above the umbilicus, the other half an inch below it. From the upper opening she took out part of the small intestines, from which she cut off a portion, *seventeen inches* in length, when she was discovered by another patient, and alarm being given, she was forced, not without some resistance on her part, to cease from further injuring herself.

Dr. Buttolph, the assistant physician, was near and saw her immediately, and discovering that the intestine was entirely separated, and also a considerable portion of the omentum, and that one end of the intestine was withdrawn into the abdomen, concluded the case would soon prove fatal under any treatment, and therefore returned the end of the intestine that protruded into the abdomen, stitched up the wounds carefully, and covered them with adhesive plaster,—applied a bandage around the body, gave her an injection of laudanum, and directed an attendant to remain with her constantly. While thus dressing the wound she vomited, but did not appear to have much pain.

On examining the detached intestine, which she had cut into in several places, it was found to contain a small quantity of *fæces*, and weighed *one ounce and one drachm*; the omentum, which was separated from it, weighed *one ounce and two drachms*. The ends of the intestine were ragged, and had been cut off obliquely. For a few days she was disposed to vomit and was not able to retain any thing on her stomach but a trifle of water. Injections of laudanum and broth were administered, and she was kept constantly quiet. After a few days she called for food and was able to retain a very little, and in about ten days she asked, “if she had not ought to take some physic.” She was reminded of the accident, and told that it would be improper to give her physic; but she did not appear to think so, and said she “felt as if it would do her good, and that she ought to have some.”

She continued without much change, very quiet by aid of injections of laudanum, eating a little several times in the day, and vomiting occasionally, but without any marked tenderness or inflammation of the abdomen, until the 26th of November, *thirty-three* days after the accident, when she had a small discharge from the bowels of hardened *fæces*, and on the next day a copious one. This she said gave her great relief, and from this time she began to improve. The wounds had already healed, and she was soon able to walk about. Since then she has continued to have regular evacuations from the bowels, though there is rather a tendency to diarrhœa, for which she often takes laudanum.

She now eats tolerably well, though inclined to vomit when she eats heartily. She is able to be about the house, and sews and knits some, and is as well as she was for several weeks previous to the injury. She is, however, still feeble, and does not gain flesh, but is calm and quiet, though her mind is in rather a demented state.

I refrain from any remarks, and have no explanation to give of the case other than is obvious to every one.

ART. IX.—*Foreign Body in the Trachea—Tracheotomy—Cure*. By
CHARLES HALL, M. D., of Burlington, Vt.

I WAS called, with Dr. Hatch, May 9th, 1844, to visit a small boy in this village, aged four years, who had sucked a piece of pipe stem, $1\frac{3}{4}$ inches long, into his windpipe, while holding and drawing air through it between his lips. The lad being alone when this was done, his relation of the circumstance soon afterwards was the only evidence we had, aside from the incessant coughing and suffocating effects attending the case, that a foreign body had been inhaled; and, although the symptoms indicated such an event, we made use of such precautionary measures as were suggested, not only to make ourselves sure the foreign body was really in the trachea, but to satisfy others that this was the fact. We several times introduced a probang into the stomach, applied sternutories to the nose, and gave an emetic of *Sanguinaria Canadensis*, but all to no good effect. It being nearly night, and the friends strongly opposed to an operation, for they could not readily understand how cutting the boy's throat would save his life, we deferred any further proceedings until the next morning. At 8 o'clock next morning we were again with our patient, and found the alarming symptoms much aggravated. Every respiration was now performed with painful effort; the irritation was so concentrated that the little sufferer was enabled to place his finger over the spot where the pipe-stem seemed to be, it being near the top of the sternum on the right side. The boy being more than ordinarily intelligent for one of his years, I attempted to reason with him on the propriety of cutting into the windpipe, so as to be enabled to pick out the pipe-stem, urging that if it remained there it must surely kill him; that taking it out might save his life, and that this was the only mode of getting at it. This brief and simple argument seemed to influence the child favourably, and, after obtaining a reluctant consent from the family, we prepared for tracheotomy.

Having procured the assistance of some half a dozen hardy young men, to support the child and hold his limbs, and Drs. Hatch and Marsh to assist me, we placed a kitchen table in a favourable position, a man sitting astride